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## APPLICANTS

Eric Sanchez, Rueil Malmaison, FRANCE;  
Dominique Casanave, Villeurbanne, FRANCE;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

FRANCE 03/03.072 03/11/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/29/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

23599

## TITLE

Process of regenerative reforming

<b>FILING FEE RECEIVED</b> 770	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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